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** CONTINUING DATA *****

This application is a CON of 10/335,468 12/31/2002 PAT 6,691,347
 which is a CON of 09/944,558 08/31/2001 PAT 6,499,160
 which is a CON of 09/499,200 02/07/2000 PAT 6,282,736
 which is a CON of PCT/US98/16497 08/07/1998
 which claims benefit of 60/055,043 08/08/1997
 and claims benefit of 60/090,212 06/22/1998

O.K. R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	SC	13	19	3
Examiner's Signature <i>Robert L. Santos R.G.S.</i> Initials				

ADDRESS

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TITLE

Hospital bed

<p>FILING FEE RECEIVED 900</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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